Bun venit la EDITIA II
25 Februarie 2023
a CONFERINTELOR pe tema
Medicina bazata pe dovezi
sau
DICTATURA cu FATA medicala

-ORICE AFILIERE POLITICA A DISCURSULUI SI TEMATICII CONFERINTEI SUNT EXCLUSE!!

- ORICE UTILIZARE IN SCOP PROPAGANDISTIC A PREZENTARILOR MEDICALE ESTE DEZAVUATA DE GRUPUL DE MEDICI !!

DISCURS OFICIAL – DOVEZILE VALIDATE IN MEDIUL ACADEMIC SUNT SINGURELE VALABILE,

PENTRU TOATE AFIRMATIILE, ALTFEL PUTETI FI TRASI LA RASPUNDERE PENTRU INFORMATII FALSE

PROVOCARE ACCEPTATA !

VOM TRECE IN REVISTA STUDIILE VALIDATE IN MEDIUL ACADEMIC- PE INTELESUL PUBLICULUI LARG- cu link-ul oficial de regasire a studiului pentru fiecare

CUVANTUL DE ORDINE pentru a pierde urma efectelor adverse:

ETEROGENITATE in ceea ce priveste tipul atacului – cazurile sa intereseze cat mai multe sisteme si organe, cu tablouri clinice aparent fara legatura intre ele sau cu produsul ARNm

ETEROGENITATE in ceea ce priveste momentul atacului –cazurile sa apara la intervale aleatorii, aparent fara legatura cu produsul ARNm

VOI PREZENTA STUDIILE care nu au fost mediatizate, DAR care au aparut in publicatii medicale de referinta (pe intelesul tuturor).

STUDIILE DESPRE EFECTELE ADVERSE ale produsului ARNm au fost publicate cu o conditie aproape TRASA LA INDIGO : autorii, inainte de a prezenta efectul advers au fost nevoiti sa faca apologia produsului ARNm si sa precizeze ca NU TREBUIE CA EFECTUL ADVERS RESPECTIV sa ne faca sa ezitam in injectare.

Multe studii au fost retrase de la publicare din motive politice- declara oamenii de stiinta onesti.

SUBLINIERE : cazurile nu seamana (SIMPTOME DINTRE CELE MAI VARIATE), leziunile sunt eterogene **(tocmai ca sa nu facem legatura intre ele si sa tragem concluzii cu privire la ARNm).** **ATENTIE la cuvinte cheie din studii care arata AUTOATACUL care vizeaza VASELE DE SANGE, SISTEMUL IMUNITAR si diferite organe tinta (creier, sistem nervos periferic, inima, plaman,ficat,piele, etc)**

AUTOATACUL PE SISTEMUL IMUNITAR

Constatare importanta:

Sistemul imunitar se autoataca

https://www.sciencedirect.com/science/article/pii/S0896841122001044?via%3Dihub **Journal of Autoimmunity**- Volume 132 , 10.2022

Vaccinul anti COVID-19- ARNm- BNT162b2 induce autoanticorpi impotriva interferonului – la o pacienta sanatoasa

"A devenit din ce în ce mai evident că imunitatea înnăscută este esențială pentru inducerea răspunsurilor imune adaptative specifice virusului [14]. Acest caz evidențiază producția de autoanticorpi neutralizanți anti-IFN de tip I (indusă de BNT162b2), care poate afecta funcțiile imune in anumite grupe populationale şi in cazul pacienţilor cu anumite boli cronice."

AUTOATACUL PE VASE

Vasculita- dovada autoatacului pe vase- dupa doza II de ARNm- la o zi de la administrare

https://journals.sagepub.com/doi/10.1177/23247096211066283

"Leziunile au aparut pe extremitatile inferioare si ulterior au avansat la nivel abdominal…. [Studiul serveste la]adăugarea cazului în literatura de specialitate pentru a servi ca o posibilitate de precauție atunci când întâlniți prezentări similare… va facilita administrarea unui tratament prompt, permițând în același timp investigarea ulterioară a efectelor secundare ale vaccinului …"



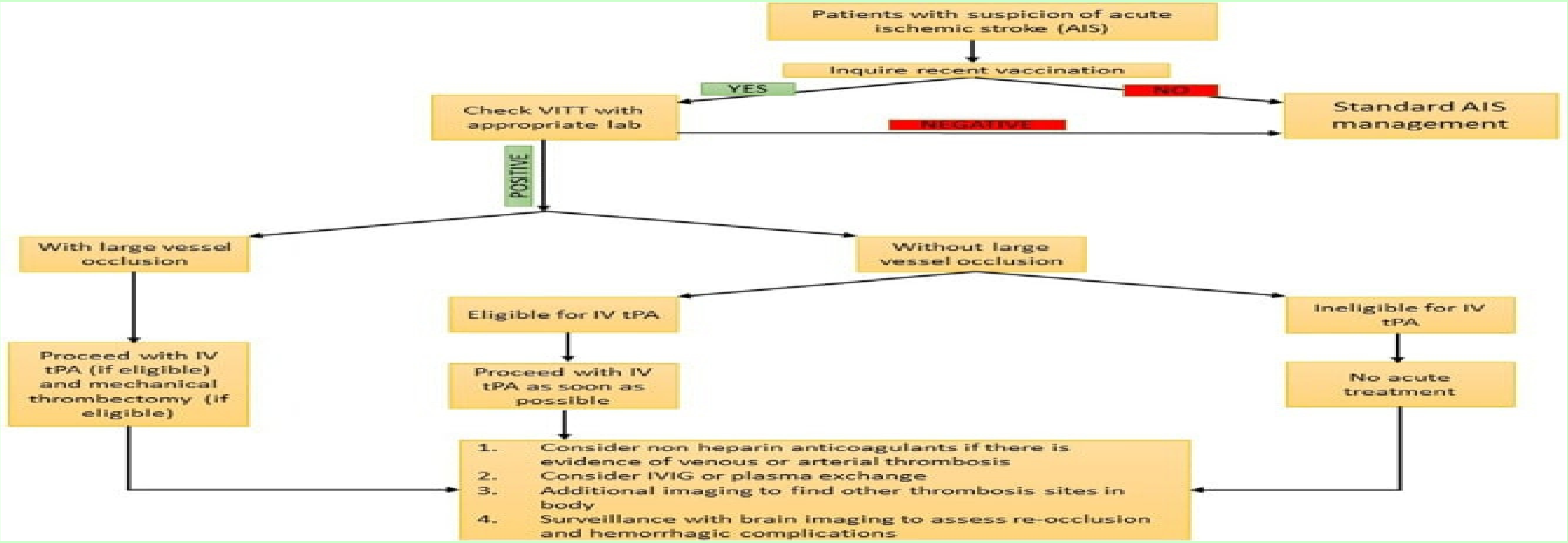




AUTOATAC LA NIVELUL
CREIERULUI

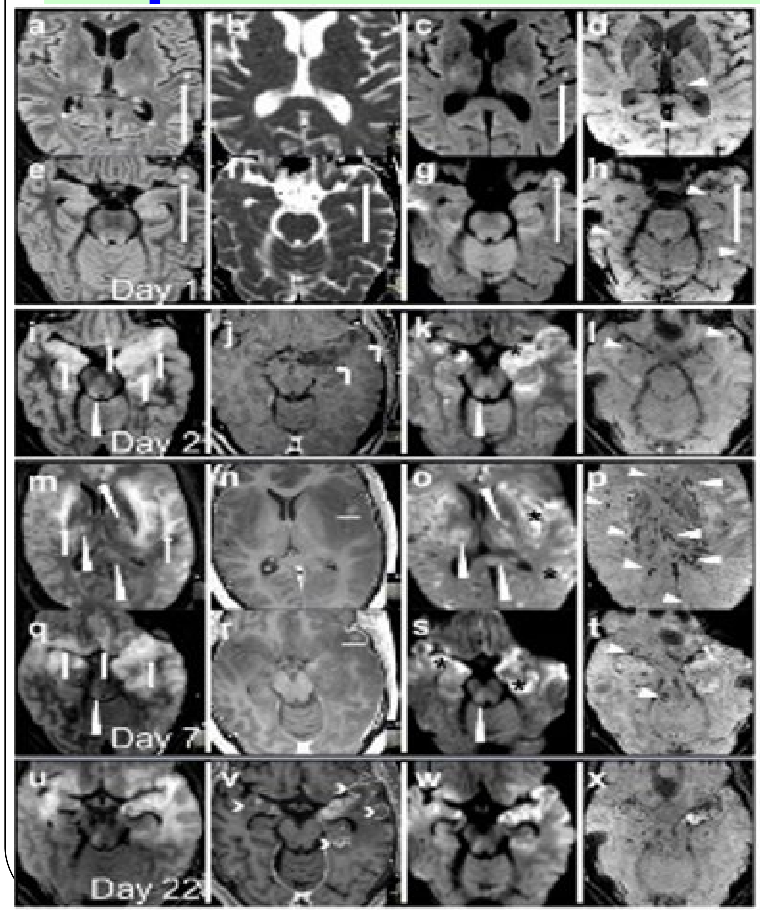
- **Sugerăm ca furnizorii de asistență medicală care se ocupă de pacienții cu AVC sa ia in considerare istoricul vaccinării COVID-19, în special cu o lună înainte de incident, să prescrie testele de coagulare și imagistica cerebrală adecvate și să aplice algoritmul de tratament prezentat în Fig. 2". „Furnizorii de asistență medicală ar trebui să fie familiarizați cu <u>accidentul vascular cerebral ischemic acut după vaccinarea COVID-19</u>, în special în contextul de <u>trombocitopenie (autoimune n.b)</u> induse de vaccin, pentru a stabili un diagnostic în timp util și un plan de tratament adecvat.**"

https://www.jns-journal.com/article/S0022-510X(22)00189-7/fulltext



DEMIELINIZARE LA NIVEL DE ENCEFAL SI MADUVA SPINARII - “Cazul unui bărbat de 53 de ani imunodeprimat (din cauza tratamentului poliartritei reumatoide). La 2 zile după a 2-a doza ARN m: <u>Inflamație fulminantă și demielinizare în creier și măduva spinării</u>. Pacientul a murit.”

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9784396/



Vaccines (Basel). 2022 Dec; 10(12): 2046.
Published online 2022 Nov 30. doi: 10.3390/vaccines10122046
PMCID: PMC9784396
PMID: 36560456

Fatal Acute Hemorrhagic Encephalomyelitis and Antiphospholipid Antibodies following SARS-CoV-2 Vaccination: A Case Report

Annika Kits,[1] Mattia Russel Pantalone,[2] Christopher Illies,[3] Aleksandra Antovic,[4] Anne-Marie Landtblom,[5,6] and Ellen Iacobaeus[2,*]

vaccines

> “The mechanisms associated with vaccine-induced ADEM have not been clarified but autoimmune reactions involving molecular mimicry between components of the vaccine and endogenous CNS structures have been suggested to play a role.”

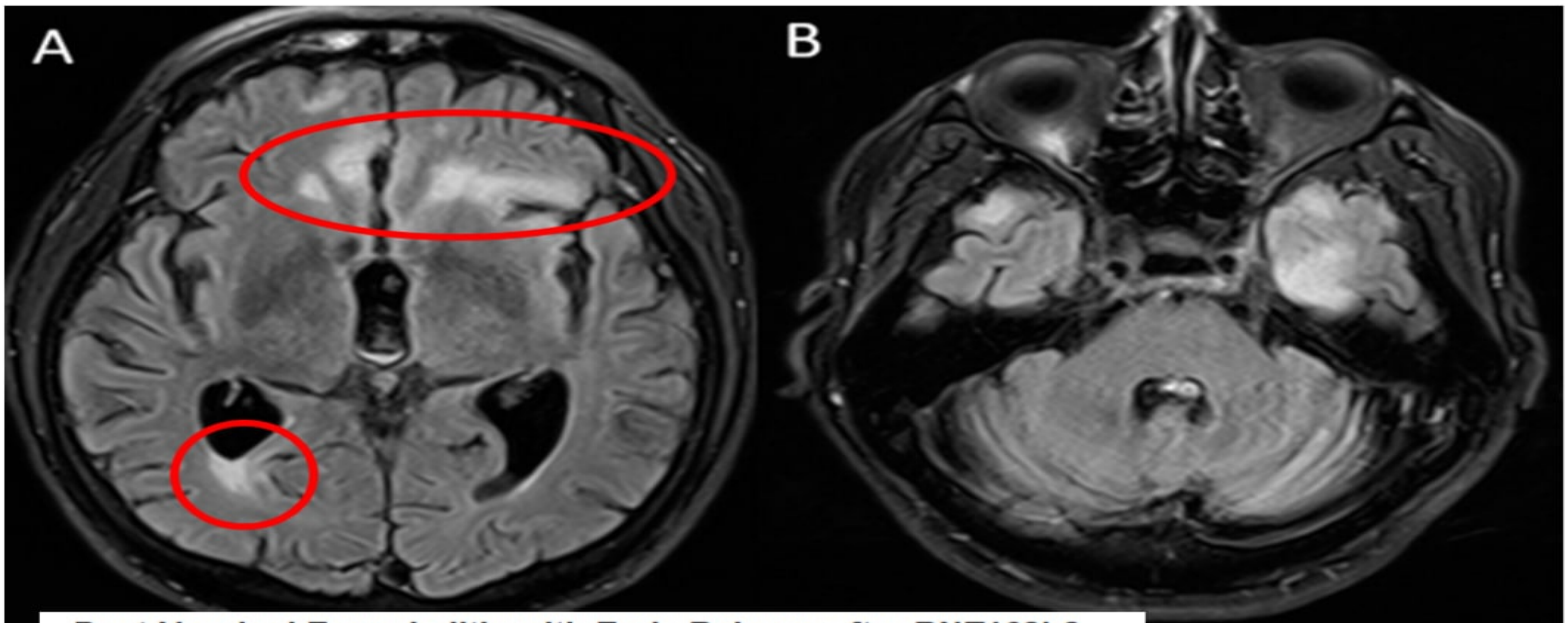
Axial MRI illustrating the evolution of brain lesions from day 1 (**a**–**h**), 2 (**i**–**l**), and 7 (**m**–**t**) to 22 (**u**–**x**) at the level of temporal lobes (**e**–**l**,**q**–**x**) and the level of the insula and basal ganglia (**a**–**d**,**m**–**p**) on fluid-attenuated inversion recovery (FLAIR) (**a**,**e**,**i**,**m**,**q**,**u**), apparent diffusion coefficient (ADC) (**b**,**f**), diffusion-weighted (DWI) (**c**,**g**,**k**,**o**,**s**,**w**), susceptibility-weighted (SWI) and T1-weighted contrast-enhanced images (**j**,**n**,**r**,**v**).

Encefalopatie autoimună

https://www.mdpi.com/2076-393X/10/7/1065/htm

- "La o zi dupa doza 1, acuza stare de rău, dureri de cap, febră, confuzie, agresivitate și mers ebrios."

"... Raportam cazul unui pacient cu tablou clinic de encefalopatie, probabil de etiologie autoimuna, dupa vaccinare cu BNT162b2 (COMIRNATY) care a prezentat o recadere [la 4 zile] dupa doza 2." La prima doza -leziuni pe lobii frontali si temporali- sechele evidentiate prin RMN, la doza 2 –leziune (demielinizare) lob temporal stang.



Brain magnetic resonance imaging: T2/FLAIR sequence finding (**A**) lower-volume lesions in the bilateral frontal lobes compared to that in the previous MRI and (**B**) new hyperintense lesions, predominantly in the left temporal region.

Post-Vaccinal Encephalitis with Early Relapse after BNT162b2 (COMIRNATY) COVID-19 Vaccine: A Case Report

by Miguel A. Vences [1,*], Diego Canales [1], Maria Fe Albujar [1], Ebelin Barja [1], Mary M. Araujo-Chumacero [1], Edu Cardenas [1], Arturo Alvarez [1] and Diego Urrunaga-Pastor [2,3,*]

vaccines

Encefalopatie

https://bmcneurol.biomedcentral.com/articles/10.1186/s12883-022-02834-8

Cazul unei femei 39 de ani cu HTA , tulburari de comportament, stare confuzionala survenita la 7 zile dupe produsul ARNm. Clinicienii ar trebui sa ia nota de acest efect advers ARNm in cazuri de encefalopatii.

Pinzon et al. BMC Neurology (2022) 22:322
https://doi.org/10.1186/s12883-022-02834-8

BMC Neurology

CASE REPORT Open Access

Acute dizziness and mental alteration associated with Moderna COVID-19 vaccine: a case report

Rizaldy Taslim Pinzon[1,2,3*], Fillia Kristyawati Haryono[2], Nikolaus Erik Darmawan[2], Mia Amelia Mutiara Salikim[2] and Vanessa Veronica[1]

Abstract

Background: Due to a rising number of COVID-19 cases, the Indonesian government implemented public health programs to lower the rate. Since January 2021, one of the government's primary policies has been the COVID-19 immunization program. Recently, the Moderna messenger ribonucleic acid (mRNA) vaccine is one of the COVID-19 vaccines used in Indonesia. Based on some research, Moderna has possible side effects throughout the body, including neurological symptoms.

Case presentation: We describe a 39-year-old female with uncontrolled hypertension who showed behavioral change, communication difficulty, social withdrawal, and a confused state within 7 days from getting her first dose of the Moderna vaccine. The patient had a history of febrile convulsion in childhood. An increase of neutrophil-to-lymphocyte ratio (16.9) and C-reactive protein level (31.75 mg/L) indicates ongoing inflammation. Head CT scan shows no abnormalities. She received ceftriaxone, citicoline, and methylprednisolone. The patient was discharged on the seventh day and completely recovered 1 week later. This study is the first case report of encephalopathy following the administration of the Moderna COVID-19 vaccine reported in Indonesia up to our knowledge.

Conclusion: Encephalopathy related to the Moderna COVID-19 vaccine should be acknowledged as an adverse effect of the Moderna COVID-19 vaccine.

Keywords: Moderna, Vaccine, Acute dizziness, Mental alteration, Encephalopathy

In conclusion, encephalopathy related to the Moderna COVID-19 vaccine should be acknowledged as an adverse effect of the Moderna COVID-19 vaccine. This case report is likely to serve as a model for future research to establish links between the Moderna COVID-19 vaccination and encephalopathy.

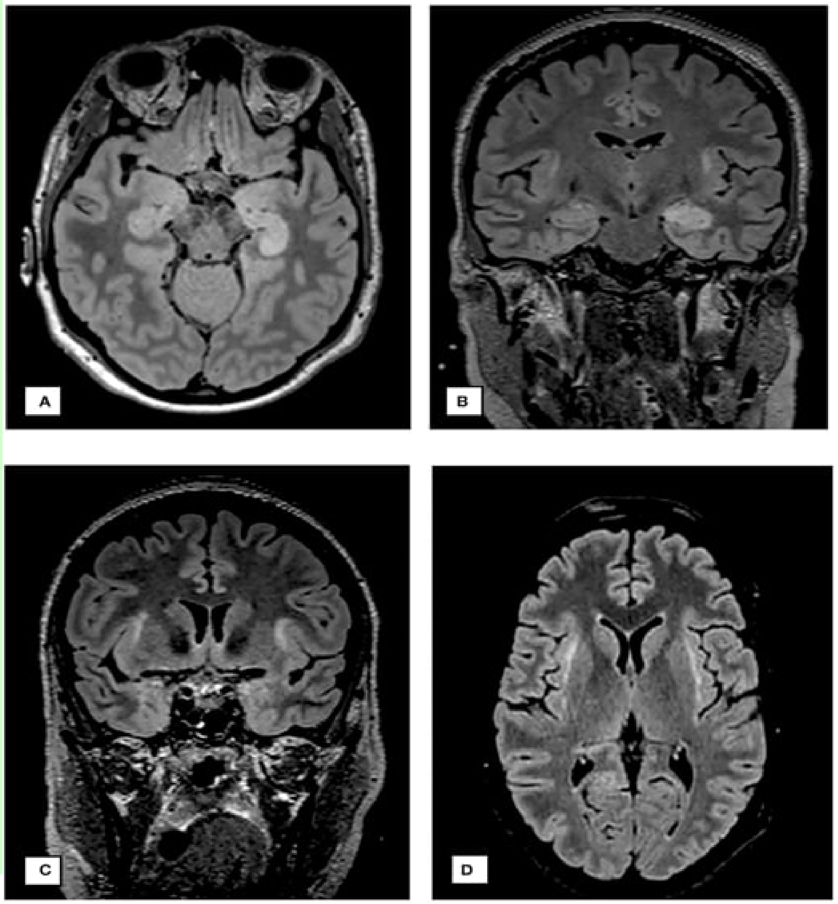
Table 1 Laboratory Findings

Hemoglobin level	11.1 g/dL
Platelet count	$278 \times 10^3/\mu L$
Leukocyte count	$9.31 \times 10^9/L$
Neutrophil	90.6%
Lymphocyte	5.4%
neutrophil-to-lymphocyte ratio	16.9
Random blood glucose	128 mg/dL
C-reactive protein	31.75 mg/dL
Sodium level	134 mEq/L
Potassium level	3.7 mEq/L
Total cholesterol level	196 mg/dL
Triglyceride level	136 mg/dL

Epilepsie – datorata encefalitei autoimune post ARNm

https://www.frontiersin.org/articles/10.3389/fneur.2022.946644/full

Femeie de 35 de ani- la 8 zile dupa doza II- tulburari de comportament si crize epileptice foarte grave care au necesitat sedare si intubare



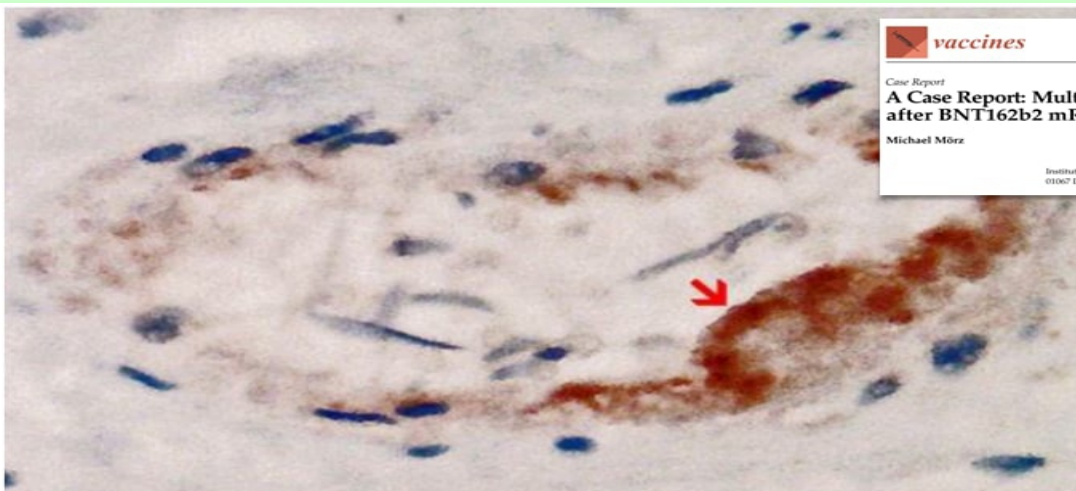
Neuroimaging findings. **(A)** cMRI on day 13: axial FLAIR sequence demonstrating edematous changes in hippocampus and parahippocampal gyrus predominantly on the left side. **(B)** cMRI on day 23: coronary FLAIR sequence demonstrating progression of edema on both sides, the hippocampus and parahippocampal gyrus, additional subcortical FLAIR hyperintensities subinsular on both sides. **(C,D)** demonstrate the claustra hyperintensities.

New-onset refractory status epilepticus due to autoimmune encephalitis after vaccination against SARS-CoV-2: First case report

Jana Werner[1,2*], Giovanna Brandi[1], Ilijas Jelcic[2] and Marian Galovic[2]

frontiers

<u>Encefalită necrozantă multifocală și miocardită</u> după vaccinarea ARNm BNT162b2 împotriva COVID-19: https://www.mdpi.com/2076-393X/10/10/1651 „... proteina S a fost depistata, dar nicio urma de proteină N nu a putut fi detectată în focarele de inflamație, atât în creier, cât și în inimă, dar mai ales în celulele endoteliale ale vaselor mici de sânge" „Deoarece proteina N a SARS-CoV-2 a fost nedetectabila în mod constant, trebuie presupus că prezența proteinei S în țesuturile afectate nu s-a datorat unei infecții cu SARS-CoV-2, ci mai degrabă productiei in tesuturi sub influenta vaccinurilor COVID-19 de tip genic.



vaccines MDPI

Case Report

A Case Report: Multifocal Necrotizing Encephalitis and Myocarditis after BNT162b2 mRNA Vaccination against COVID-19

Michael Mörz

Institute of Pathology 'Georg Schmorl', The Municipal Hospital Dresden-Friedrichstadt, Friedrichstrasse 41, 01067 Dresden, Germany; michael.moerz@klinikum-dresden.de

«... the presence of spike protein must be ascribed to vaccination rather than to viral infection. The findings corroborate previous reports of encephalitis and myocarditis caused by gene-based COVID-19 vaccines.

Figure 13. Heart left ventricle. Positive reaction for SARS-CoV-2 spike protein. Cross section through a capillary vessel (same vessel as shown in Figure 14, serial sections of 5 to 20 µm). Immunohistochemical demonstration of SARS-CoV-2 spike subunit 1 as brown granules. Note the abundant presence of spike protein in capillary endothelial cells (red arrow) associated with prominent endothelial swelling and the presence of a few mononuclear inflammatory cells. Magnification: 400×.

AUTOATAC la nivelul INIMII

https://www.mdpi.com/2414-6366/7/8/196

<u>Miocardita</u> - 301 adolescenti intre 13-18 ani care au primit produsul ARNm-doza II, au fost urmariti pentru a evidentia simptomatologia cardiovasculara, dar si modificari de EKG, modificari ecocardiografice, modificari enzimatice specifice.

<u>Manifestari cardiovasculare au avut 29.24%</u> :de la tahicardie, palpitatii pana la miocardita , pericardita. O alta parte au avut cel putin biomarker cardiac peste valoarea normala(2.33%) .

Article

Cardiovascular Manifestation of the BNT162b2 mRNA COVID-19 Vaccine in Adolescents

Suyanee Mansanguan [1], Prakaykaew Charunwatthana [2], Watcharapong Piyaphanee [2], Wilanee Dechkhajorn [3], Akkapon Poolcharoen [4] and Chayasin Mansanguan [2,*]

Tropical Medicine and Infectious Disease

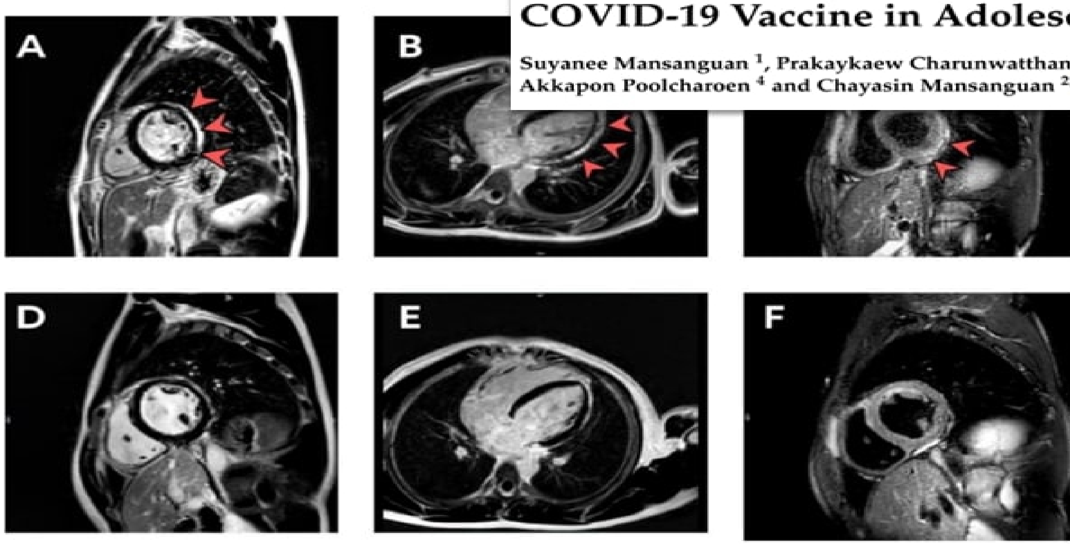


Figure 2. (A–F) cMRI illustrating LGE in a patient with subacute myopericarditis at the time of diagnosis (A–C) and 5 months post-diagnosis (D–F). cMRI, cardiac magnetic resonance imaging; LGE, late gadolinium enhancement.

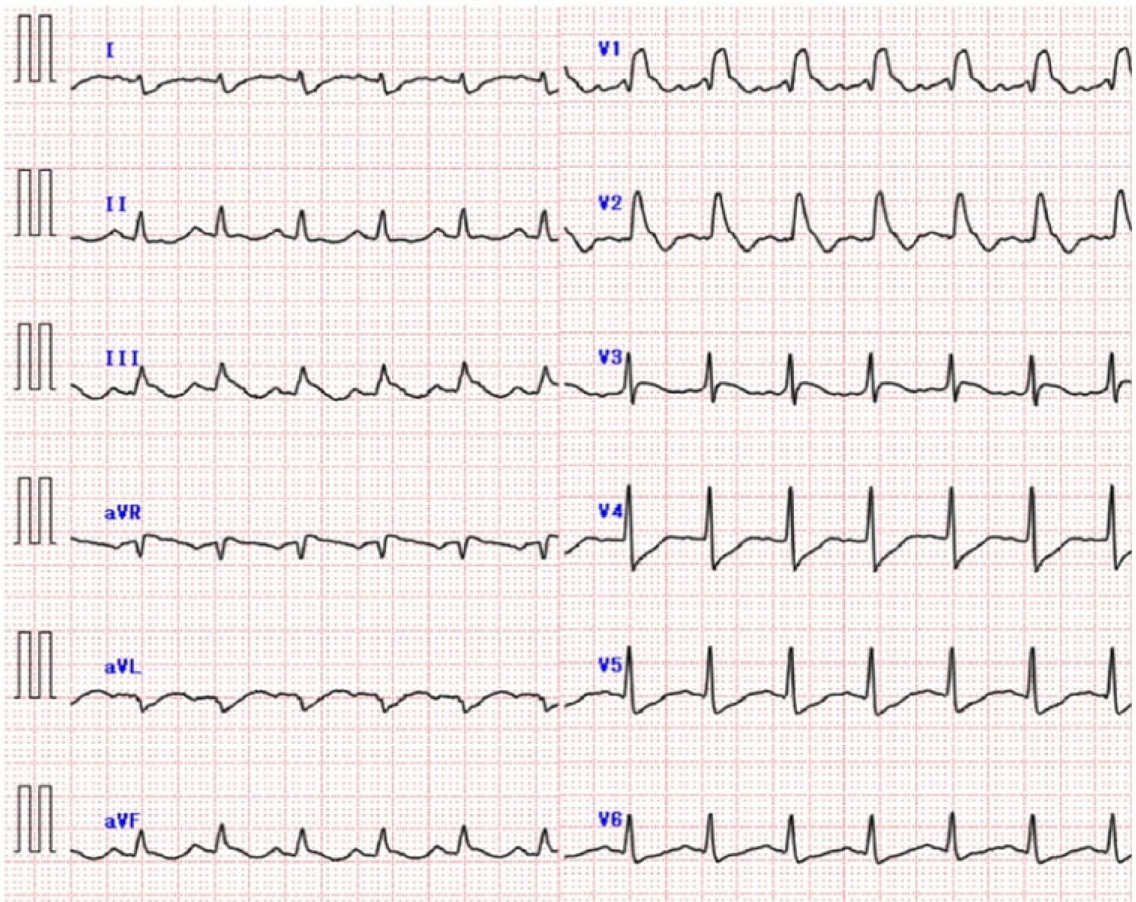
Table 4. Electrocardiographic findings after second vaccine dose.

Rhythm	Number (n = 301)
Normal sinus rhythm	247 (82.06%)
Sinus rhythm with sinus arrhythmia	22 (7.31%)
Sinus tachycardia	20 (6.64%)
Sinus bradycardia	4 (1.33%)
Premature atrial contraction (PAC)	3 (1%)
Premature ventricular contraction (PVC)	2 (0.66%)
Junctional escape rhythm	1 (0.33%)
Ectopic atrial rhythm	1 (0.33%)
Diffuse ST elevation with PR depression	1 (0.33%)

Data are reported as percentage (%). PAC, premature atrial contraction; PVC, premature ventricular contraction.

<u>Miocardita</u> -barbat de 32 de ani- care avusese o usoara forma de Covid anterior primei doze de ARNm - dezvolta miocardita fulminanta la 5 zile dupa prima doza. **Intra in soc cardiogen , insuficienta respiratorie acuta**. Mecanismul miocarditei post ARNm la tineri necesita inca elucidare.

https://pubmed.ncbi.nlm.nih.gov/35860438/



Fulminant myocarditis after the first dose of mRNA-1273 vaccination in a patient with previous COVID-19: a case report

Kohei Horiuchi, Shumpei Kosugi, Haruhiko Abe, Yasunori Ueda

European Heart Journal - Case Reports, Volume 6, Issue 7, July 2022, ytac290,

European Heart Journal Case Reports
ESC European Society of Cardiology

Electrocardiogram showing sinus tachycardia with ST-segment elevation in leads II, aVF, and V1 to V3.

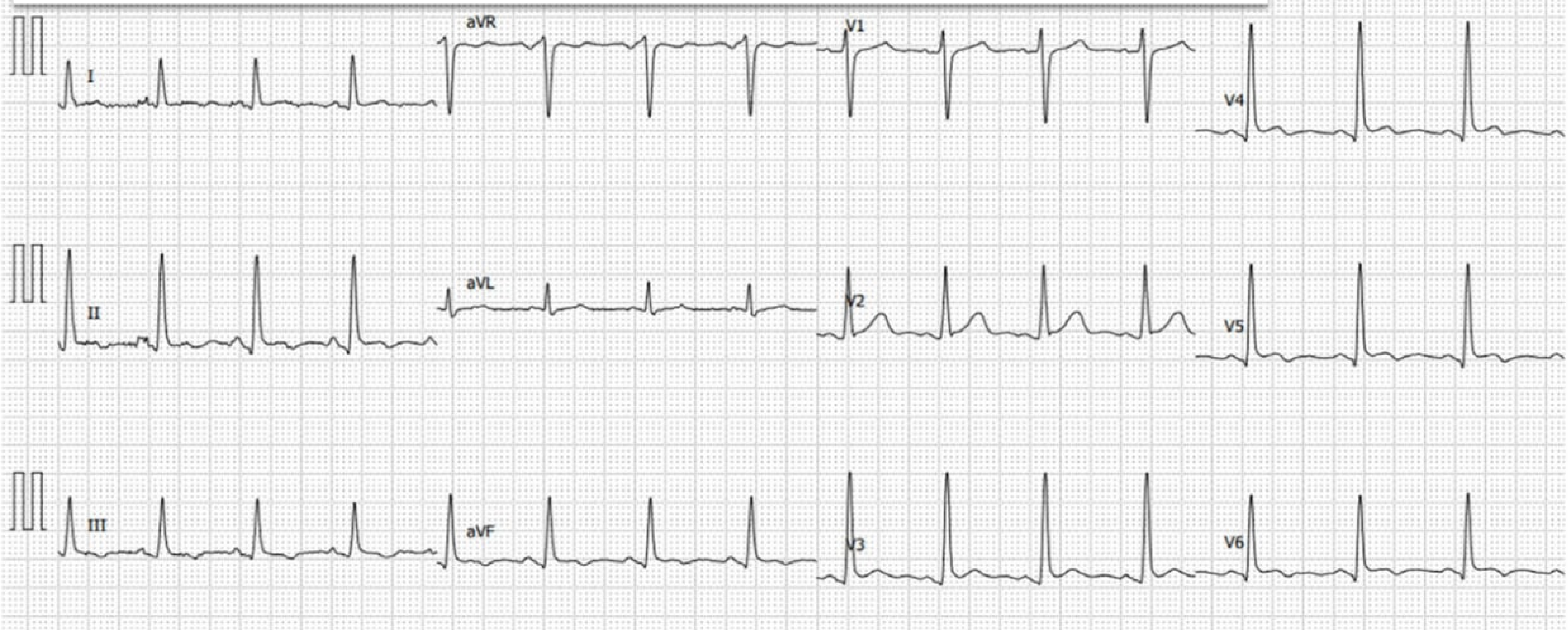
<u>MIOCARDITA LA 2 REZIDENTI</u> aparuta simultan, la scurt timp dupa prima doza de ARNm

https://www.cambridge.org/core/journals/prehospital-and-disaster-medicine/arti

Pacienti tineri, fara antecedente patologice.

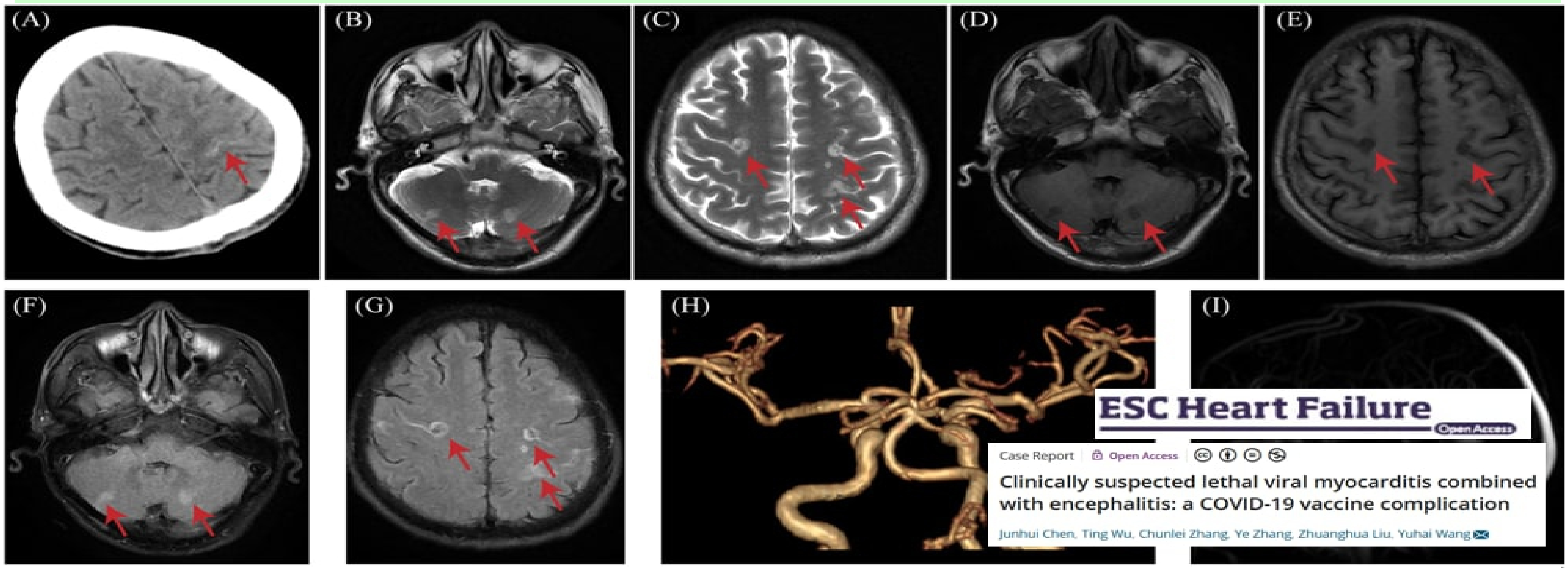
Vaccine-Induced Myocarditis in Two Intern Doctors in the Same Night Shift

Published online by Cambridge University Press: **19 July 2022**



Canakci © 2022 Prehospital and Disaster Medicin

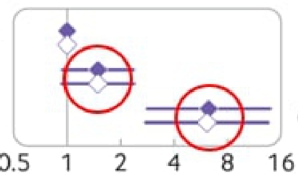
- **<u>Miocardita virală LETALA suspectată clinic combinată cu encefalită</u>: o complicație a vaccinului COVID-19**
  https://onlinelibrary.wiley.com/doi/10.1002/ehf2.14229
  „Acest studiu de caz evidențiază o complicație [..]după vaccinarea COVID-19, care necesită o atenție deosebită.”



Computed tomography (CT) and magnetic resonance imaging (MRI) scan of the head. An axial CT image (Panel A) shows a suspicious high-density shadow in the left parietal lobe brain sulcus (red arrow). An axial MRI T2-weighted image (Panels B and C) shows multiple and diffuse high signals in the cerebellum and parietal lobe (red arrow). An axial MRI T1-weighted image (Panels D and E) shows multiple and diffuse low signals in the cerebellum and parietal lobe. An axial MRI fluid-attenuated inversion recovery sequence (Panels F and G) shows multiple and diffuse high signals in the cerebellum and parietal lobe. Magnetic resonance angiography (Panel H) indicates absence of large intracranial vessel occlusion. Magnetic resonance venography (Panel I) shows a normal intracranial venous system.

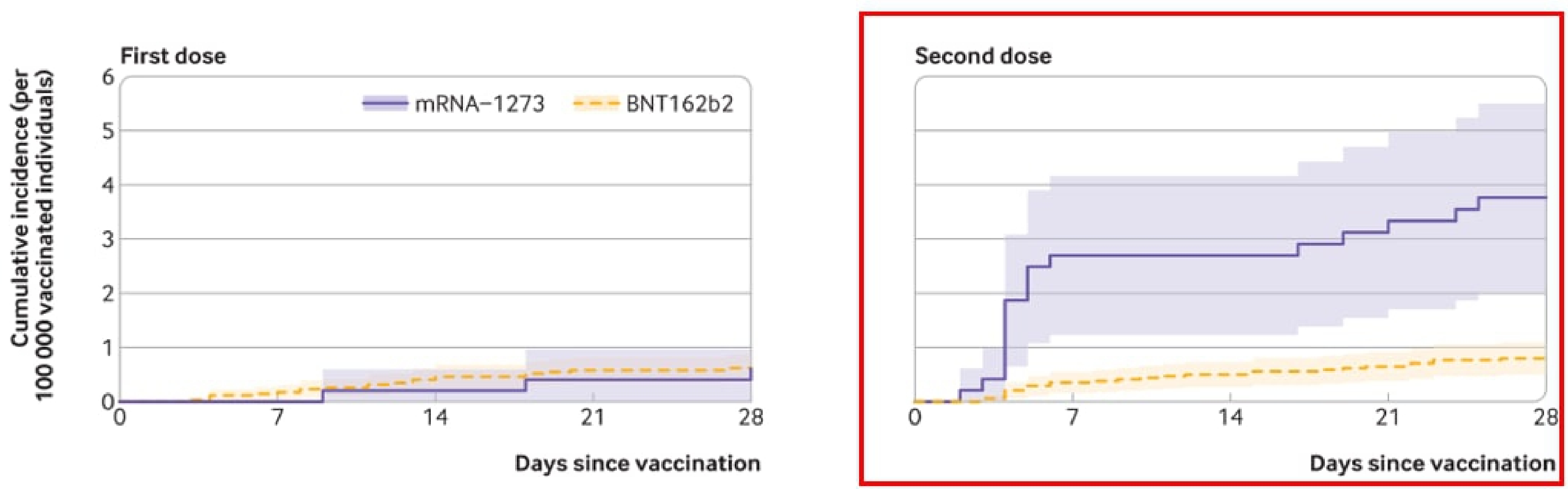
- **Miocardite- 200 de cazuri în Danemarca „Vaccinarea cu ARNm-1273 a fost asociată cu un risc semnificativ crescut de miocardită sau miopericardită în populația daneză, determinat în principal de un risc crescut în rândul persoanelor cu vârsta cuprinsă între 12-39 de ani, în timp ce vaccinarea BNT162b2 a fost asociată cu un risc semnificativ crescut în rândul femeilor. "**

Outcome	No	Rate ratio (95% CI)	Firth rate ratio (95% CI)
Myocarditis or myopericarditis			
Unvaccinated (reference)	145	1	1
BNT162b2 (Pfizer-BioNTech)	43	1.48 (0.93 to 2.36)	1.49 (0.94 to 2.37)
mRNA-1273 (Moderna)	21	6.25 (2.83 to 13.82)	6.12 (2.76 to 13.61)



SARS-CoV-2 vaccination and myocarditis or myopericarditis: population based cohort study

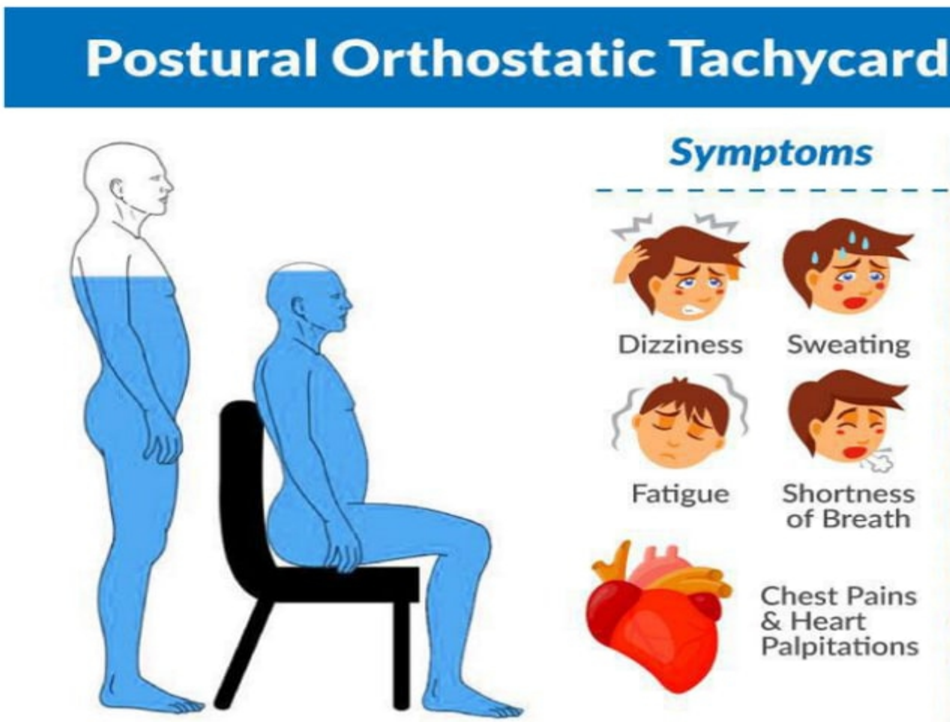
thebmj



Tahicardie posturala ortostatica

https://www.mdpi.com/2076-393X/10/7/991

Pacienta, de 46 de ani, s-a prezentat cu oboseala, palpitatii, ameteli, iminenta de sincopa . Simptome aparute la 7 zile de la vaccinare cu 1 doza ARNm . Puls 120/min in pozitie ortostatica.Fara antecedente. Inca 3 cazuri raportate inainte de acest caz



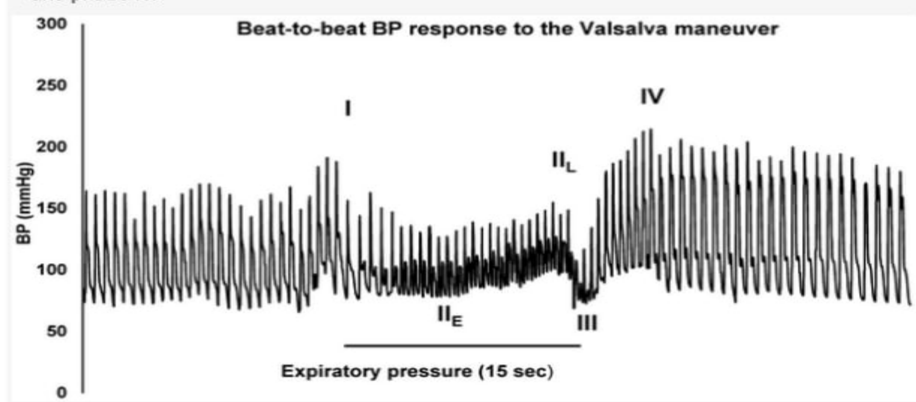


Figure 1. Beat-to-beat blood pressure (BP) response during the Valsalva maneuver. The VM consists of four main phases: phase I (I), early phase II (II_E), late phase II (II_L), phase III, and phase IV.

COVID-19 Vaccination Might Induce Postural Orthostatic Tachycardia Syndrome: A Case Report

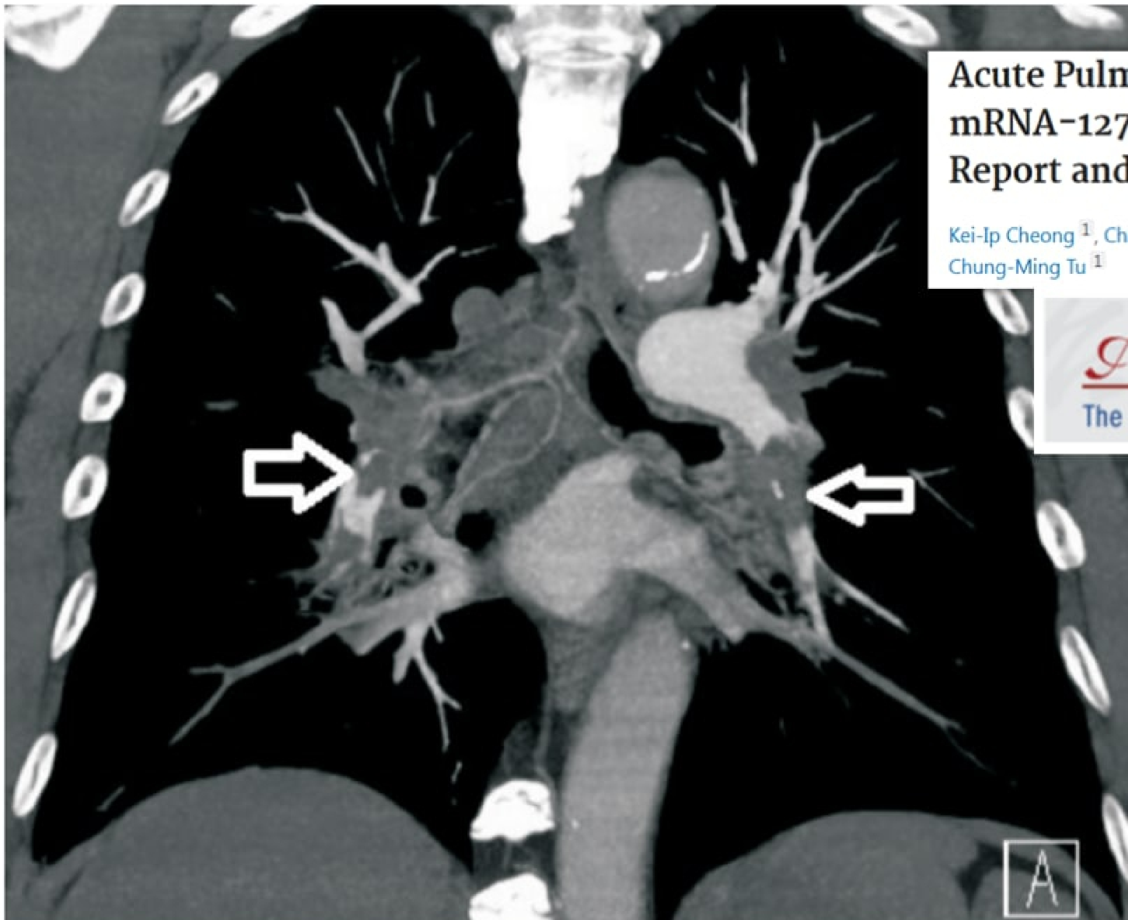
by Melody Hermel [1,†], Megan Sweeney [2,*,†], Edsel Abud [3], Kathleen Luskin [3], Jose P. Criado [4], Robert Bonakdar [1], James Gray [1] and Thomas Ahern [1]

vaccines

AUTOATAC pe PLAMAN

<u>Trombembolism pulmonar acut-</u> dupa produsul ARNm "Patofiziologia trombembolismelor legate de vaccinarea SARS-CoV2 poate fi legata de anticorpii anti-PF4 , dar probabil este plurifactoriala."Https://pubmed.ncbi.nlm.nih.gov/35873116/

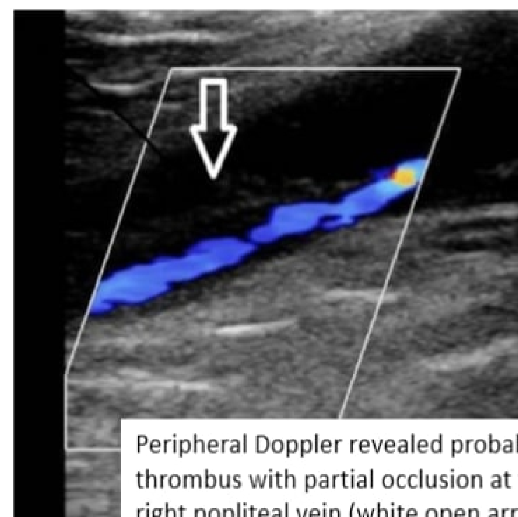
Pacientii prezinta : dispnee, tuse, junghi toracic, tahicardie, tahipnee, sincopa, hemoptizie, dureri unilaterale de membru



Acute Pulmonary Embolism Following Moderna mRNA-1273 SARS-CoV-2 Vaccination - A Case Report and Literature Review

Kei-Ip Cheong[1], Chieh-Fu Chen[1], Jer-Shen Chen[1], Yen-Wen Wu[1], Kuan-Ming Chiu[1], Chung-Ming Tu[1]

Acta Cardiologica Sinica
The Official Journal of the Taiwan Society of Cardiology



Peripheral Doppler revealed probable thrombus with partial occlusion at the right popliteal vein (white open arrow).

Figure 1. Bilateral pulmonary embolism noted on computed tomogra-

AUTOATAC   PE TIROIDA

18 cazuri de Tiroidită subacută în urma “vaccinarii COVID”:
https://onlinelibrary.wiley.com/doi/10.1111/cen.14716
„Clinicienii care gestionează alte boli decât COVID-19 nu documentează, de obicei, istoricul vaccinării COVID-19. În consecință, o posibilă legătură poate fi ușor ratată, iar efectele adverse pot fi subestimate.”

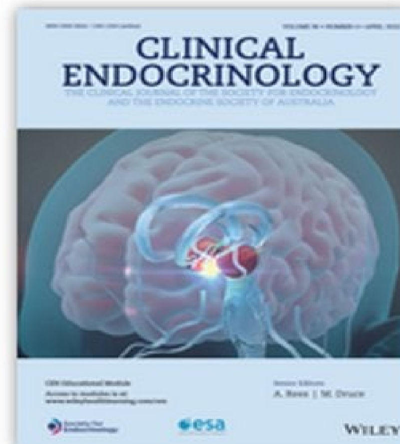
CLINICAL ENDOCRINOLOGY

LETTER | Free Access

Subacute thyroiditis following COVID-19 vaccination: Case report and Society for Endocrinology survey

William M Bennet, Aisha Elamin, John D Newell-Price

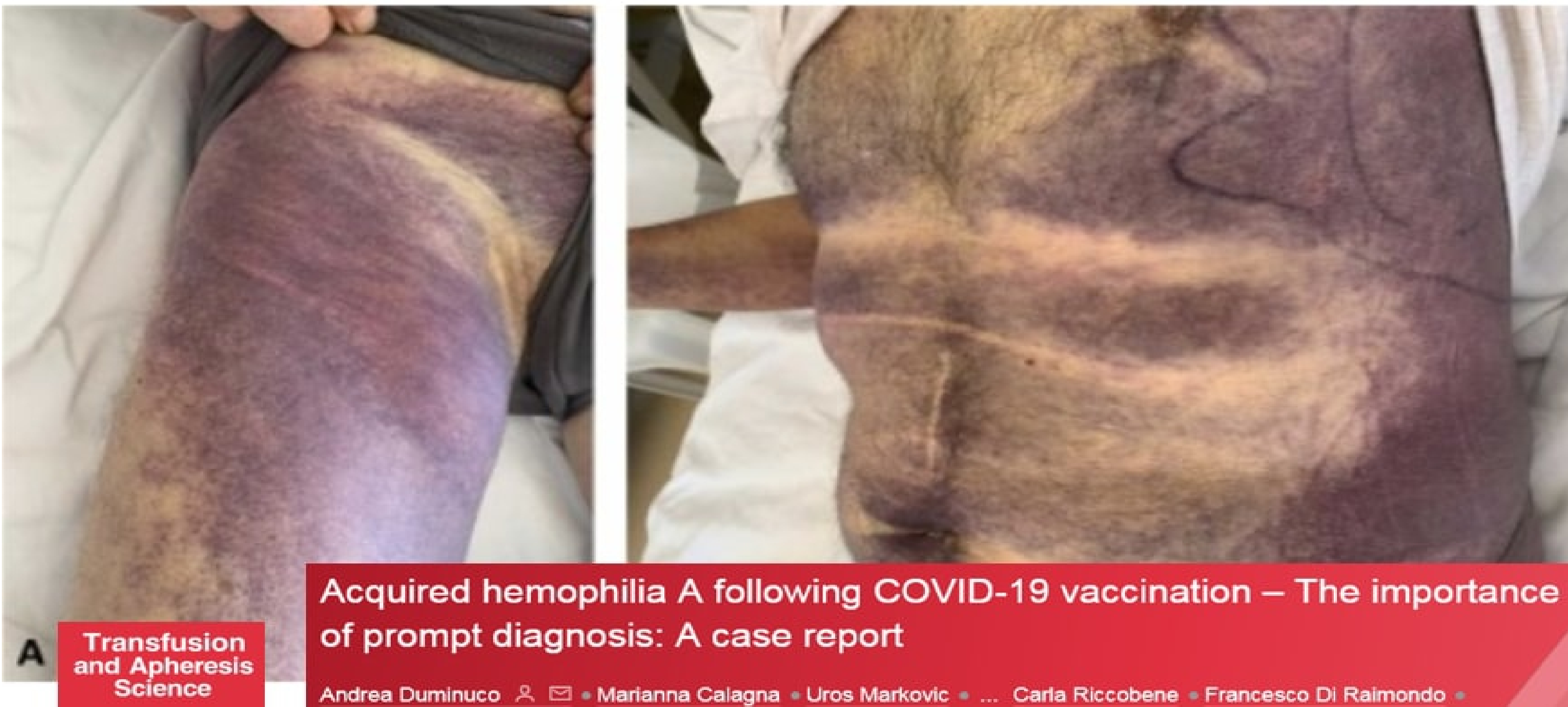
First published: 09 March 2022 | https://doi.org/10.1111/cen.14716



«It appears possible that COVID-19 vaccines triggered subacute thyroiditis in these cases due to an autoimmune/inflammatory (ASIA) syndrome induced by the vaccine adjuvants. The adjuvants in Pfizer-BioNTech and Moderna mRNA vaccines comprise lipid nanoparticles which bolster immune responses. An alternative explanation may be that binding and endocytosis of the vaccine-generated spike S1 protein at membrane ACE2, expressed on the surface of thyroid cells, causes direct viral injury leading to thyroiditis.1Thirdly, cross-reaction has been shown between SARS-CoV-2 spike protein antibody and thyroid peroxidase (TPO), which may cause thyroiditis by viral antigenic mimicry.»

AUTOATAC CU TULBURARI DE COAGULARE

- **Hemofilie dobândită** **- Hemofilie A dobândită în urma vaccinării împotriva COVID-19: https://www.trasci.com/article/S1473-0502(22)00269-5/fulltext „Pandemia SARS-CoV-2 și campania extinsă de vaccinare implementată la nivel mondial <u>ar putea fi un mecanism important de declanșare a manifestărilor autoimune</u>, în special la persoanele predispuse”.**



Acquired hemophilia A following COVID-19 vaccination – The importance of prompt diagnosis: A case report

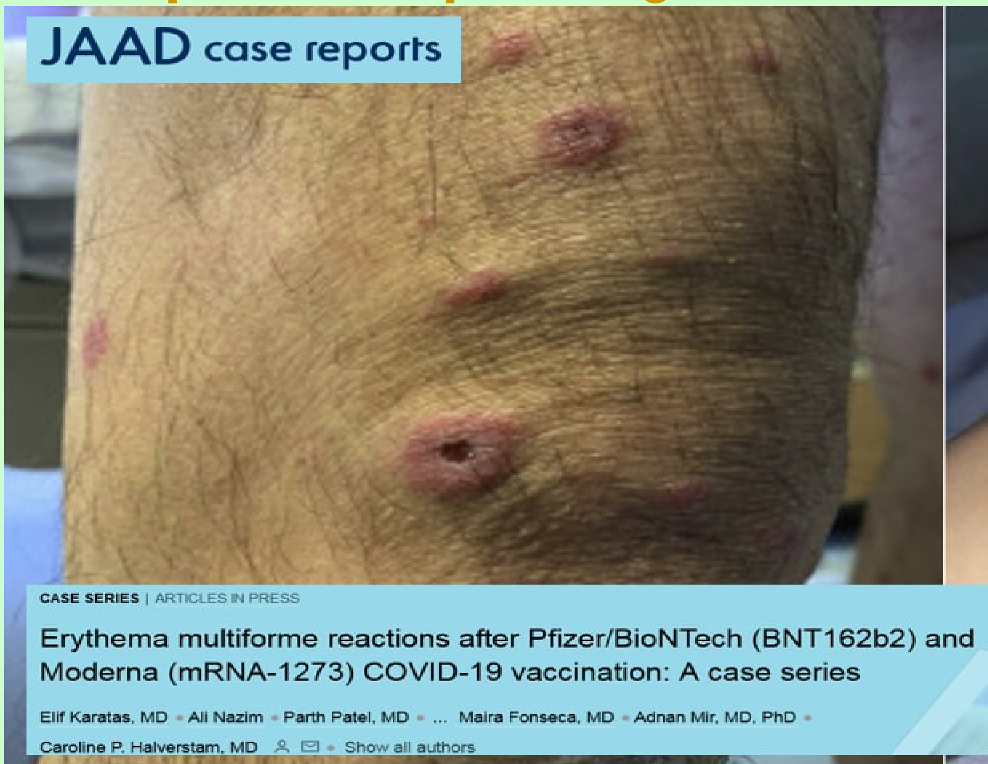
Andrea Duminuco • Marianna Calagna • Uros Markovic • ... Carla Riccobene • Francesco Di Raimondo • Gaetano Giuffrida • Show all authors

AUTOATAC PE TEGUMENTE

Necroliza toxica epidermala- la 1 zi dupa doza 3 ARNm –https://www.jaadcasereports.org/article/S2352-5126(22)00201-6/fulltext -Manifestare autoimuna aparuta de novo – probabil explicata prin faptul ca “vaccinurile sunt activatori nespecifici ai raspunsului imun” si in contextul “mimetismului molecular dintre antigenele vaccinului si proteinele gazdei”



ERITEM POLIMORF – https://www.jaadcasereports.org/article/S2352-5126(21)00902-4/fulltext -





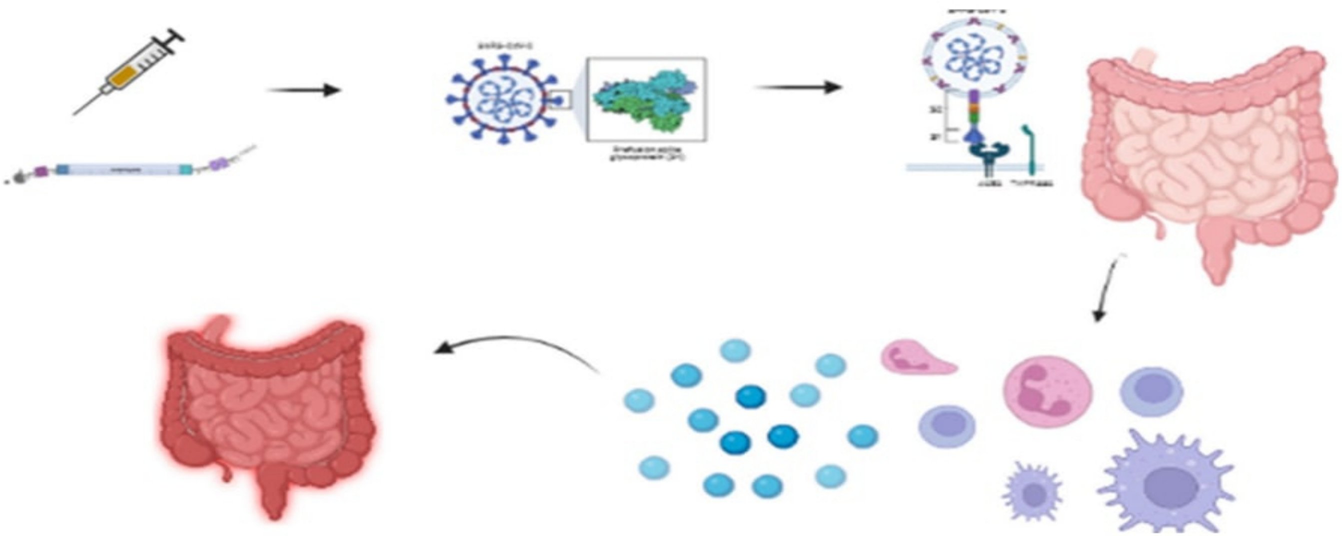




Eritemul polimorf post ARNm are la baza probabil o <u>reactie imuna mediata celular cu activarea limfocitelor T helper si productie de citokine</u> – care duce la o inflamatie puternica cutaneo-mucoasa

Autoatac pe mezenter

Limfadenita mezenterica – la fetita de 13 ani dupa doza 1, la<12h . Febra de 5 zile (39,5 grd C), cefalee, dureri abdominale, varsaturi, diaree. Dupa diagnosticul diferential complex, inclusiv cu COVID 19, diagnosticul pozitiv a fost clar. Autorii avertizeaza asupra necunoasterii datelor privind produsul ARNm la copii. **https://www.mdpi.com/2227-9067/9/7/993/htm**



Pathogenetic hypothesis related to **COVID-19 post-vaccine adenomesenteritis**: The administration of the m-RNA vaccine results in spike protein expression. Spike protein receptors are numerous at the level of enterocytes. The vaccination could act as a trigger and cause an immune-mediated inflammatory response in the gastrointestinal tract resulting in the adenomesenteritis.

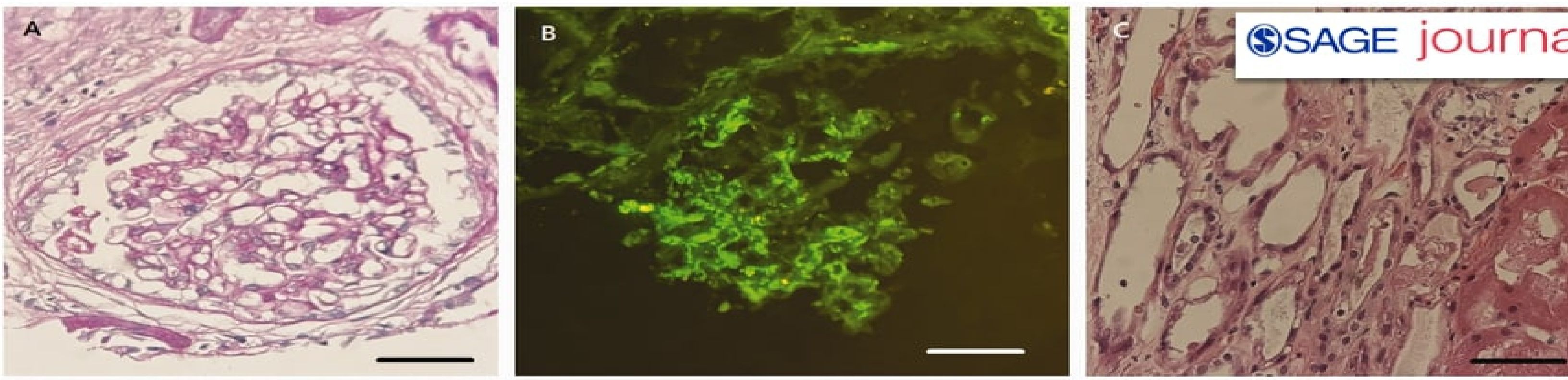
Adenomesenteritis following SARS-CoV-2 Vaccination in Children: A Case Report and Review of The Literature

by Silvia Bloise [1,*], Alessia Marcellino [1], Vanessa Martucci [1], Mariateresa Sanseviero [1], Alessia Testa [1], Emanuela Del Giudice [1], Mattia Spatuzzo [1], Daniel Sermoneta [2], Flavia Ventriglia [1] and Riccardo Lubrano [1]

vaccines

Autoatac pe rinichi

- **Insuficienta renala acuta** **dupa produsul ARNm"Cazul evidențiază posibilitatea *insuficienței renale acute* "vaccinarea COVID-19". Nivelurile plasmatice crescute de anticorpi Gd-IgA1 demonstrează că activarea imună nespecifică poate fi legătura potențială între "vaccinarea COVID-19" și IgAN. ."**



SAGE journals

Figure 1. Representative photomicrographs of tissue sections from a renal biopsy undertaken from a 55-year-old male patient that presented with acute kidney injury and abnormal liver function having experienced nausea, vomiting and general malaise for 2 weeks after receiving the first dose of the mRNA-1273 COVID-19 vaccine. (a) The glomeruli showed mild increase of mesangial cellularity and matrix (scale bar 20 μm) along with (b) significant immunoglobulin A deposition (++) (scale bar 20 μm) and (c) Many tubules showed flattened epithelium with loss of nuclei, compatible with acute tubular necrosis (scale bar 20 μm). The colour version of this figure is available at: http://imr.sagepub.com.

Journal of International Medical Research

Open access | Case report | First published online October 19, 2022

Newly-diagnosed immunoglobulin A nephropathy with increased plasma galactose-deficient-IgA_1 antibody associated with mRNA COVID-19 vaccination: a case report

Yun-Sung Chen, Cheng-Wen Yang [...], and Yen-Ling Chiu View all authors and affiliations

Autoatac pe colon

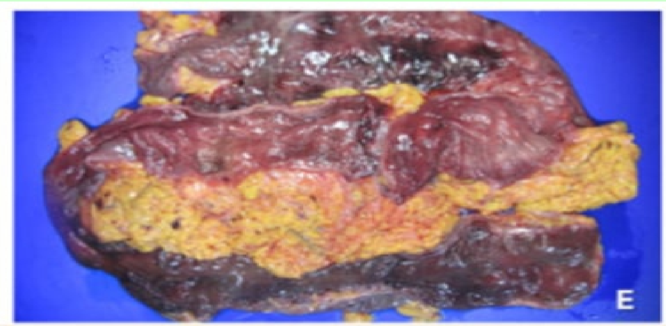
- **<u>Infarct acut gastric și non-mezenteric de colon</u> după vaccinarea ARNm COVID-19: „...pacienții vârstnici cu afecțiuni cardiace prexistente ar trebui să fie precauți cu privire la vaccinare, deoarece poate prezenta un <u>risc de infarct intestinal</u>".**
https://www.sciencedirect.com/science/article/pii/S1015958422005449?via%3Dihub



Esophagogastroscopy revealed well-demarcated infarction lesions from the antrum to the lower body of the stomach.



The colon specimen showed multiple ischemic changes.



The stomach specimen showed well-demarcated ischemic lesions from the antrum to the lower body of the stomach;

Acute gastric and non-mesenteric colonic infarction following mRNA COVID-19 vaccination

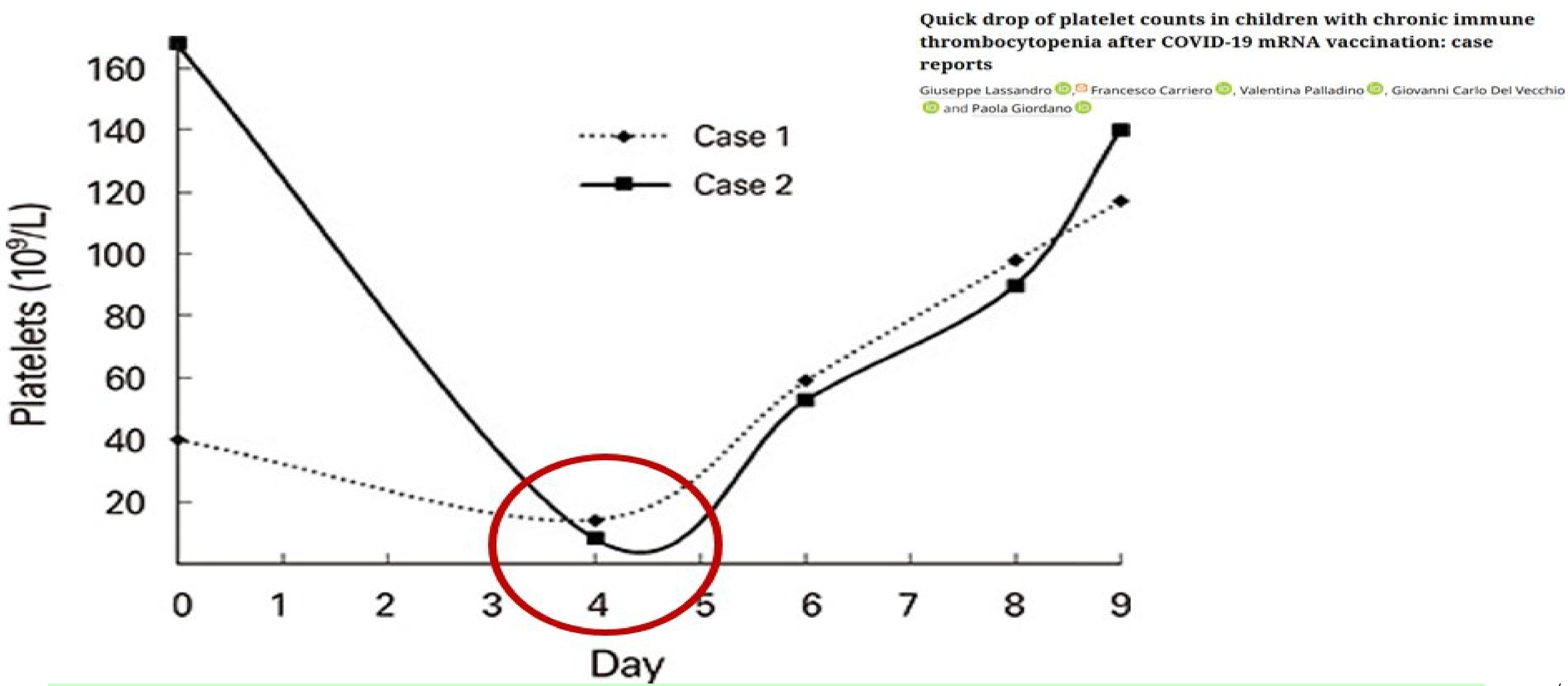
Taek-Gu Lee, Dae Hoon Kim, Hyo Yung Yun, Dong Hee Ryu

Asian Journal of Surgery
Volume 45, Issue 7, July 2022, Pages 1469-1470

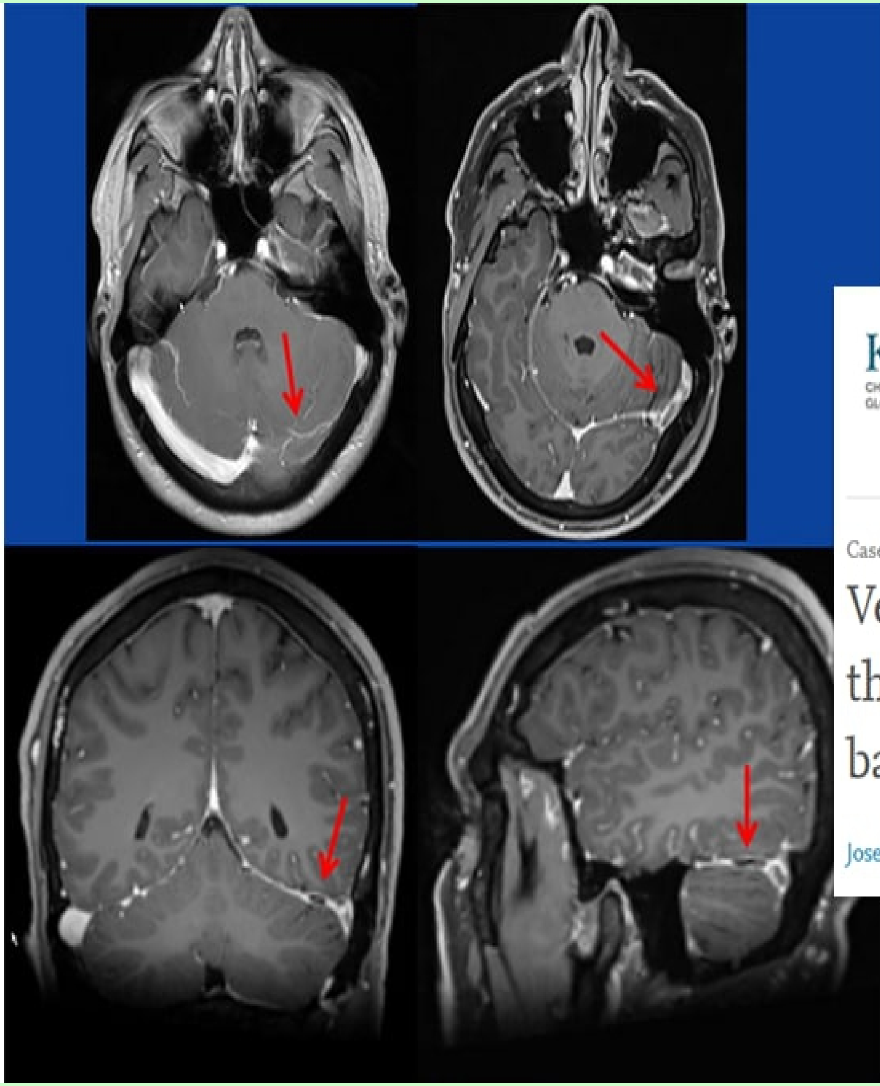


Autoatac pe trombocite (in realitate toate liniile sunt afectate)

- **Agravare trombocitopenie cronică autoimuna la copii** - **O scădere rapidă a numărului de trombocite la copiii cu <u>trombocitopenie imună cronică </u>după vaccinarea ARNm COVID-19:**
- **2 cazuri (fete de 16 ani) https://ecevr.org/DOIx.php?id=10.7774/cevr.2022.11.3.290**



• Tromboza de sinusuri venoase cerebrale



T1-weighted images with contrast medium showing flow voids and contrast medium recesses in the left transverse sinus and the left sigmoid sinus.

KeAi
CHINESE ROOTS GLOBAL IMPACT

Brain Hemorrhages

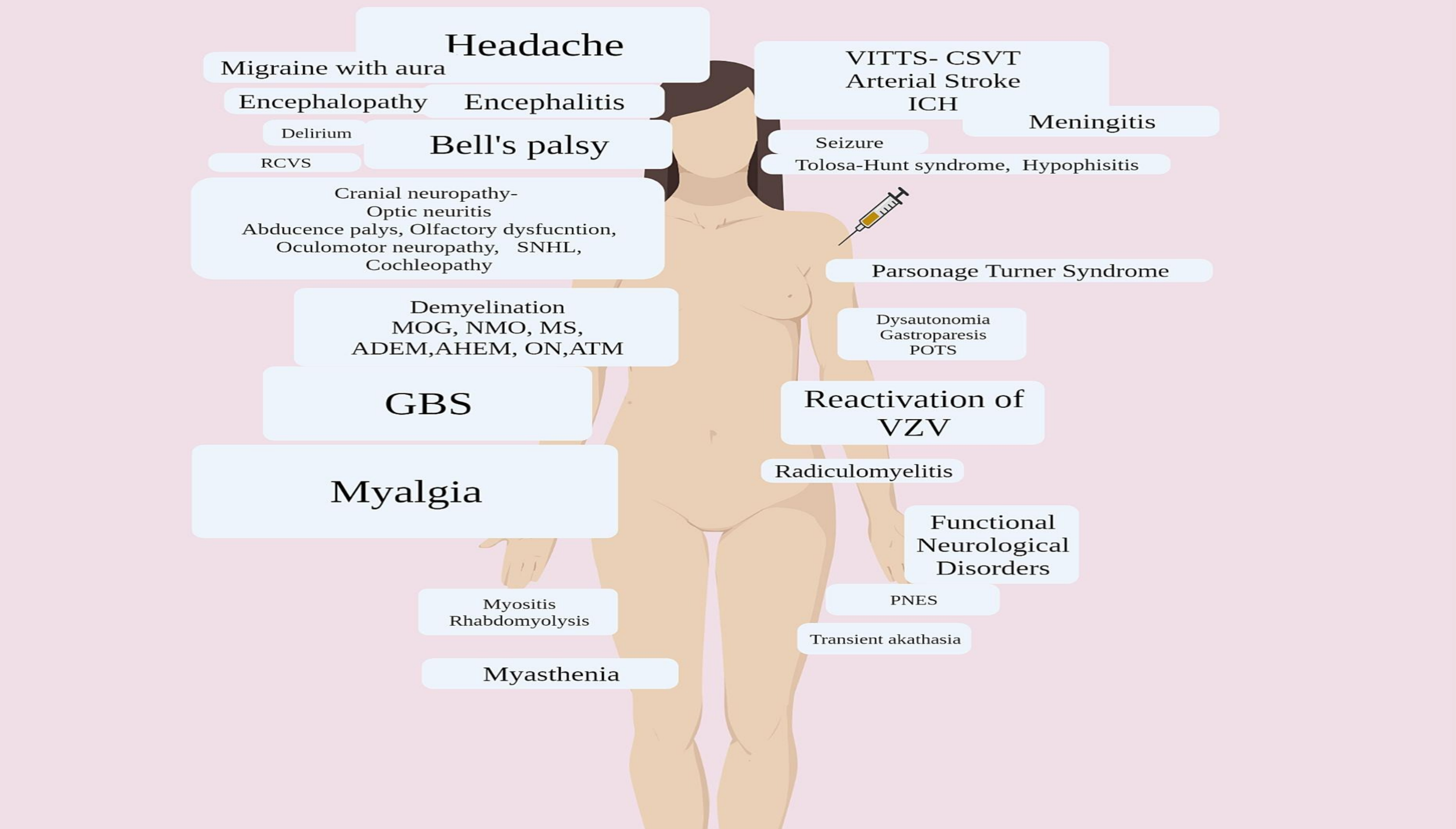
Volume 3, Issue 1, March 2022, Pages 36-38

Case Report

Venous sinus thrombosis after the second jab of an mRNA-based SARS-CoV-2 vaccine

Josef Finsterer [a], Sebastian Nics [b]

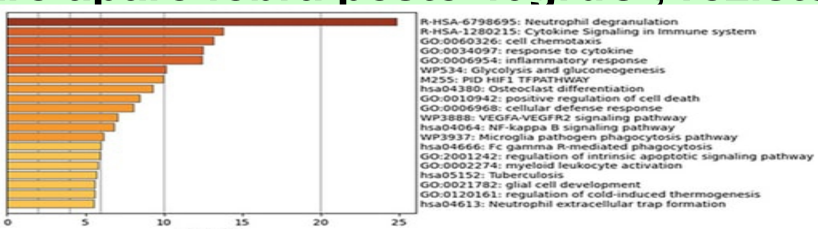
- „51 de cazuri cu diverse tulburări neurologice asociate vaccinului, asociate temporar cu vaccinarea împotriva SARS-CoV2”: https://www.jocn-journal.com/article/S0967-5868(22)00485-4/fulltext
- „Dintre 6 pacienți cu AVC, doar 1 dintre ei a avut un rezultat favorabil”.



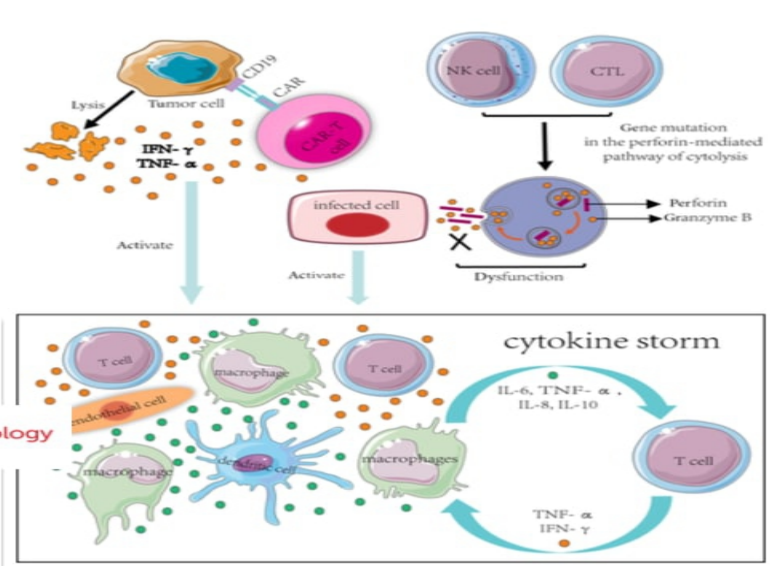
Modificari in exprimarea genelor

https://www.frontiersin.org/articles/10.3389/fimmu.2022.967226/full

4 cazuri de pacienti care au murit dupa doza II de ARNm, fara o cauza evidenta la autopsie. Utilizand secventierea RNA, am identificat gene care erau exprimate diferit la grupul de studiu si la cel de control [care au murit in alte conditii n.b]. S-a constatat că 390 de gene au avut o expresie stimulata și 115 gene au avut o expresie inhibata în cazurile post-vaccinare, comparativ cu martorii. Foarte important, este faptul ca genele implicate în degranularea neutrofilelor și semnalizarea citokinelor au fost stimulate in expresie. Rezultatele noastre sugerează că dereglarea imunității a apărut după vaccinare. Observati atent cazurile vaccinate la care apare febra peste 40grdC , rezistente la antipiretice.



The GO terms and KEGG pathways enrichment analysis for significantly upregulated genes between the unknown and control groups (p<0.01).



Four cases of cytokine storm after COVID-19 vaccination: Case report

frontiers | Frontiers in Immunology

Kazuhiro Murata[1,2†], Naoki Nakao[2†], Naoki Ishiuchi[1], Takafumi Fukui[3], Narutaka Katsuya[1], Wataru Fukumoto[1], Hiroko Oka[1], Naotaka Yoshikawa[2], Takafumi Nagao[2], Akira Namera[1,2], Naoya Kakimoto[1,4], Naohide Oue[1,3], Kazuo Awai[1,5], Kanji Yoshimoto[2,6] and Masataka Nagao[1,2*]

- *Uveita de natura autoimuna*„**Rezultatele noastre indică faptul că vaccinul BNT162b2 poate declanșa o reactivitate imună încrucișată accidentală cu structura melanocitelor din coroidă, ducând la debutul panuveitei asemănătoare cu boala Vogt-Koyanagi-Harada”.**
https://www.frontiersin.org/articles/10.3389/fimmu.2022.967972/full

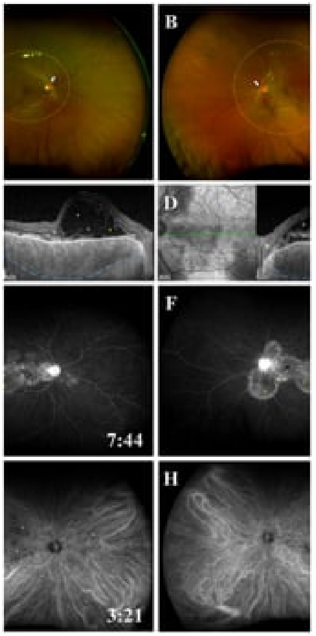


FIGURE 1 Fundus findings of panuveitis at the time of onset. Color fundus photographs show bullous SRDs in the posterior retina (areas of orange dotted circles), redness and swelling of the optic disc (white arrows) in **(A)** the right eye and **(B)** the left eye. EDI-OCT images reveal SRDs (yellow asterisks), cystoid spaces in the neurosensory layer of the retina (white asterisks), choroidal thickening (blue dotted lines) in **(C)** the right eye and **(D)** the left eye. FA images indicate multiple punctate fluorescein leaks (yellow arrowheads) and pooling (yellow asterisks) consistent with the SRD locations, and hyperfluorescence of the optic disc in **(E)** the right eye and **(F)** the left eye. IA images present dark patches (blue arrowheads) in **(G)** the right eye and **(H)** the left eye. The time of photography after administration of FA or IA is indicated in the lower right corner. Scale bars (white vertical bar) in **(C, D)**, 200 µm. EDI-OCT; enhanced depth imaging optical coherence tomography; FA, fluorescein angiography; IA, indocyanine green angiography; SRD, serous retinal detachment.

CASE REPORT article

Front. Immunol., 29 September 2022
Sec. Vaccines and Molecular Therapeutics
https://doi.org/10.3389/fimmu.2022.967972

This article is part of the Research Topic
Advancing the Understanding of Emergence of SARS-CoV-2 Genetic Variants and COVID-19 Vaccine Efficacy Essential Clinical and Molecular Insights and Breakthroughs
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Case report: Bilateral panuveitis resembling Vogt-Koyanagi-Harada disease after second dose of BNT162b2 mRNA COVID-19 vaccine

Tomohito Sato[†], Ryotaro Nihei[*], Daisuke Sora, Yoshiaki Nishio and Masaru Takeuchi[*]

Department of Ophthalmology, National Defense Medical College, Saitama, Japan

Frontiers in Immunology
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Stiti ce este ingrijorator?

1. Afirmatiile care sustin abia acum ca acest produs ARNm este ineficace in oprirea imbolnavirii /transmiterii/preveniri cazurilor grave= exonerare
2. Studiile (vezi « The Lancet »)- care abia acum au descoperit ca imunitatea dupa trecerea prin boala este net superioara celei dobandite prin vaccinare = exonerare

Cu alte cuvinte : nu am stiut pana acum! Acum am aflat , dupa 3 ani, dupa aceste studii!! Pericolul? Vor relua discursul gresit , cu alte ocazii, pentru alti agenti infectiosi « vechi si noi « , iar si iar vor face pe naivii.

Contraargumente oficiale:

1. **Da, dar cazurile sunt putine, sporadice…..**
2. **Da, dar studiile spun ca produsul ARNm este un succes, ca studiile nu trebuie sa faca oamenii sa renunte la produsele ARNm**

-Serios???

Sunt multi care acum asteapta sa distruga medicii care spun NU tehnologiei ARNm, care spun ORPITI ACUM ACEST DEZASTRU- de ce?

Pentru a continua crima: cu alte si alte produse ARNm – sunt deja in lucru pentru gripa, pentru Covid si gripa (2 in 1), pentru melanom malign, etc

Sunt multi care acum RIDICULIZEAZA spusele noastre , si RAD IN PUBLIC de suferinta oamenilor care au primit sau vor primi produsul ARNm

Daca noi toti aici de fata ,salvam SI UN SINGUR COPIL SAU UN SINGUR TANAR de la a-si distruge viata prin tehnologia ARNm, scopul este atins. HRISTOS NE VA SOCOTI FIECARE GEST SI CUVANT, pentru ca ceea ce facem sau Nu facem pentru unul din acestia mici, pentru EL facem sau Nu facem.

TINTA tuturor demersurilor, chiar daca pare ca NU au legatura, este ATACUL LA HRISTOS

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